

MEMORANDUM

Date 06/21/2006

SUBJECT: **CLOSE-OUT INQUIRY**

RE: BP - 98618701

Grant/Cooperative Agreement Number

City of Galveston

Project Title & Recipient

FROM: Laverne Baker for Jerri Englerth (6MD-RX) 5-7462

Grants Management Specialist/Grants Assistant

TO: Camisha Scott 6SF-PB 5-6755

Project Officer Mail Code Phone

☒ LOBBYING AND LITIGATION FORM

☒ An acceptable Fiscal Financial Status Report (FSR) has been received for the referenced project.

{X} MBE/WBE and other required reports have also been received.

{ } Grant expired 04/30/2006

Please concur/non-concur (sign and date, and send your reply) indicating whether this project may be closed-out.

FROM:

PROJECT OFFICER REPLY TO CLOSE-OUT INQUIRY

Camisha Scott Marshall
Project Officer

6SF-PB
Mail Code

TO

Laverne Baker for Jerri Englerth

6MD-RX

Grants Management Specialist/Grants Assistant

☒ I concur, the project may be closed-out. All programmatic requirements, reports or deliverables have been received and approved.

{ } I do not concur, the project may NOT be closed-out. Programmatic requirements have not been satisfied. I will advise you when the project may be closed-out.

Camisha Scott Marshall

Signature (required)

6/30/06

Date

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

1

2

PAGES

1.
TYPE OF
PAYMENT
REQUESTED

a. "X" one or both boxes

☐ ADVANCE ☒ REIMBURSE-
MENT

b. "X" the applicable box

☐ FINAL ☒ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☒ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

U. S. EPA- Region 6

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

BP-986187-01-0

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

18/15

6. EMPLOYER IDENTIFICATION NUMBER

74-6000905

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

1250-170100-X-419000

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

04/01/2003

TO (month, day, year)

06/30/2003

9. RECIPIENT ORGANIZATION

Name: City of Galveston

Number

and Street: P.O. Box 779, 823 Rosenberg Street

City, State

and ZIP Code: Galveston, Tx. 77553-0779

10. PAYEE (Where check is to be sent if different than item 9)

Pay \$10,194 from Account 017 DID
Name: 50108D ARCONY 0041+2 DID 150. 98

Number

and Street:

City, State

and ZIP Code:

PAYMENT REQUEST APPROVED

X

DATE:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 237,065.75	\$	\$	\$ 237,065.75
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	237,065.75	0.00	0.00	237,065.75
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	237,065.75	0.00	0.00	237,065.75
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	237,065.75			237,065.75
h. Federal payments previously requested	226,872.25			226,872.25
i. Federal share now requested (Line g minus line h)	10,193.50	0.00	0.00	10,193.50
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)

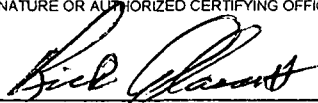
Prescribed by OMB Circulars A-102 and A-110

Rec'd 8/1/03

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Rick Glassett, Finance Director

DATE REQUEST
SUBMITTED

July 25, 2003

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(409)797-3562

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry
------	-------

2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.

4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.

6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.

7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.

8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

Item	Entry
------	-------

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.

11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.

11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.

13 Complete the certification before submitting this request.

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

1

2

PAGES

1.
TYPE OF
PAYMENT
REQUESTED

a. "X" one or both boxes

☐ ADVANCE

☒ REIMBURSE-
MENT

b. "X" the applicable box

☐ FINAL

☒ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☒ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO
WHICH THIS REPORT IS SUBMITTED

U.S. EPA-Region 6

4. FEDERAL GRANT OR OTHER
IDENTIFYING NUMBER ASSIGNED
BY FEDERAL AGENCY

BP-986187-01-0

5. PARTIAL PAYMENT REQUEST
NUMBER FOR THIS REQUEST

1714

6. EMPLOYER IDENTIFICATION
NUMBER

74-6000905

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

1250-170100-X-419000

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

01/01/2003

TO (month, day, year)

03/31/2003

9. RECIPIENT ORGANIZATION

Name: City of Galveston

Number

and Street: P.O. Box 779, 823 Rosenberg Street

City, State

and ZIP Code: Galveston, TX 77553-0779

Name:

Number

and Street:

City, State

and ZIP Code:

PAYMENT REQUEST APPROVED

X

DATE: 5/14/03

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 226,872.25	\$	\$	\$ 226,872.25
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	226,872.25	0.00	0.00	226,872.25
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	226,872.25	0.00	0.00	226,872.25
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	226,872.25			226,872.25
h. Federal payments previously requested	224,916.75		224,917	224,916.75
i. Federal share now requested (Line g minus line h)	1,955.50	0.00	1,955.25	1,955.50
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)


Prescribed by OMB Circulars A-102 and A-110

Pay \$1,955.25 from Account 01 T DID 501080 HQC ONY 00 4142 DID 150

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Rick Glassett, Finance Director

DATE REQUEST
SUBMITTED

April 30, 2003

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(409)797-3562

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry
------	-------

2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.

4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.

6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.

7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.

8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.

11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

Item	Entry
------	-------

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.

11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.

11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.

13 Complete the certification before submitting this request.

City of Galveston



P. O. Box 779 / Galveston, Texas 77553

May 1, 2003

United States Environmental Protection Agency
Region 6
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

Subject: EPA Grant BP 986187-01-0

We are forwarding for your attention our January through March 2003 reimbursement billing statements. Such statements relate to captioned grant. Supporting documentation, including Local government check vouchers and contractor progress reports, are enclosed. Total reimbursement requested is \$\$1995.50.

Please contact me at (409) 797-3564 for any needed discussion of this grant or related matters.

Sincerely,



Preston Smith
Finance Department

RECEIVED
FACILITY SECTION
MAY - 6 PM 3:11

01-MAY-2003 09:41:14
FISCAL YEAR 03

City of Galveston
Organization Detail Activity
From 01-JAN-2003 To 30-APR-2003

PAGE 1
FGRODTA

COAS: C
ORG: 0

CITY OF GALVESTON
NON ORGANIZATION

TRANS DATE	TRAN TYPE	DOCUMENT NUMBER	DOCUMENT REF #	DESCRIPTION	ACCOUNT/ FUND	BUDGET ACTIVITY	TRANSACTION ACTIVITY	ENCUMBRANCE ACTIVITY	CMT TYP
				EPA BROWNSFIELD GRANT	1250				
BEGINNING BALANCE:		GRANTS			341580	-8,166.74	.00	.00	
04/15/2003 JE15		J0307029		RECEIPT OF DRAW 04/14/03	341580		5,670.77		U
ENDING BALANCE:		GRANTS			341580	-8,166.74	5,670.77	.00	
TOTAL ORGANIZATION: 0 NON ORGANIZATION									
				REVENUES	05	-8,166.74	5,670.77	.00	

01-MAY-2003 09:41:14
FISCAL YEAR 03

City of Galveston
Organization Detail Activity
From 01-JAN-2003 To 30-APR-2003

PAGE 2
FGRODTA

COAS: C CITY OF GALVESTON
ORG: 170100 SPECIAL PROJECTS

TRANS DATE	TRAN TYPE	DOCUMENT NUMBER	DOCUMENT REF #	DESCRIPTION	ACCOUNT/ FUND	BUDGET ACTIVITY	TRANSACTION ACTIVITY	ENCUMBRANCE ACTIVITY	CMT TYP
EPA BROWNSFIELD GRANT					1250				
BEGINNING BALANCE: ARCHITECTURAL SERVICES					531001	.00	.00	.00	
02/19/2003	INNI	12304673		MERIDIAN ALLIANCE GROUP, L.	531001		1,208.72		U
02/19/2003	ICNI	12304673		MERIDIAN ALLIANCE GROUP, L.	531001		-1,208.72		U
ENDING BALANCE: ARCHITECTURAL SERVICES					531001	.00	.00	.00	
BEGINNING BALANCE: CONSULTANT SERVICES					531004	-7,981.74	4,561.30	.00	
02/19/2003	INNI	12304673		MERIDIAN ALLIANCE GROUP, L.	531004		1,208.72		U
02/20/2003	INNI	12304672		MERIDIAN ALLIANCE GROUP, L.	531004		945.00		U
04/30/2003	INNI	12307365		MERIDIAN ALLIANCE GROUP, L.	531004		1,010.50		U
ENDING BALANCE: CONSULTANT SERVICES					531004	-7,981.74	7,725.52	.00	
BEGINNING BALANCE: TRAVEL/TRAINING					533085	-185.00	.00	.00	
04/15/2003	JE15	J0307029		RECLASS EXPEND FROM PRIOR Y	533085		-99.25		U
ENDING BALANCE: TRAVEL/TRAINING					533085	-185.00	-99.25	.00	
TOTAL ORGANIZATION: 170100 SPECIAL PROJECTS									
EXPENDITURES					07	-8,166.74	7,626.27	.00	

Second Quarter 2003

CITY OF GALVESTON
U.S. EPA-REGION 6
BP-986187-01-0

ACCT #	INV #	CK #	DATE	JE #	JE / or AMT	DESCRIPTION
					1,955.50	BUDGET AMOUNT
531004	I2304672	22003946	2/20/2003		945.00	MERIDIAN ALLIANCE GROUP
531004	I2307365	22005909	4/30/2003		1010.50	MERIDIAN ALLIANCE GROUP
					1,955.50	TOTAL EXPENDITURES FOR #531004

Prepared by: Preston Smith
Finance Department
• City of Galveston

Expense Summary

Chart:

C

Fiscal Year:

03

Index:

☐ Query Specific Account

☒ Include Revenue Accounts

Orgn:

Fund:

Program:

Account:

Acct Type:

Activity:

Location:

1250

EPA BROWNSFIELD GRANT

Commit Ind: Both

Acct	Type	Title	Adj Budget	YTD Activity	Commitments	Avail Bal
341580	R	GRANTS	-8,166.74	5,670.77	0.00	-13,837.51
531001	E	ARCHITE	0.00	0.00	0.00	0.00
531004	E	CONSUL	-7,981.74	7,725.52	0.00	-15,707.26
533085	E	TRAVEL	-185.00	-99.25	0.00	-85.75
Net Total:			0.00	-1,955.50	0.00	

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	TAX	ADDITIONAL CHARGES	NET AMOUNT
15039 ✓	02/06/03	945.00	.00	.00	.00	945.00

DEMAND ACCOUNT CHECK
IN ACCORDANCE WITH
PROVISIONS OF CITY CHARTER

CITY OF GALVESTON, TEXAS
Void after 90 days

CHECK DATE CHECK NUMBER
02/26/03 22003946

PAY Nine Hundred Forty-Five and NO/100 Dollars
TO THE MERIDIAN ALLIANCE GROUP, L.L.C.
ORDER DEPT. NUMBER TX10008
OF P.O. BOX 4703
HOUSTON TX 77210-4703



CHECK AMOUNT
\$*****945.00
USD

NON NEGOTIABLE

NON NEGOTIABLE

FROST NATIONAL BANK 30-9/1140
GALVESTON, TEXAS

COPYCOPYCOPYCOPYCOPYCOPYCOPYCOPYCOPYCOPY

CITY OF GALVESTON, TEXAS

823 ROSENBERG, P.O. BOX 779
GALVESTON, TX 77553-0779

MERIDIAN ALLIANCE GROUP, L.L.C.
DEPT. NUMBER TX10008
P.O. BOX 4703
HOUSTON TX 77210-4703

INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT	TAX	ADDITIONAL CHARGES	NET AMOUNT
15241✓	04/04/03	1,010.50	.00	.00	.00	1,010.50

DEMAND ACCOUNT CHECK
IN ACCORDANCE WITH
PROVISIONS OF CITY CHARTER

CITY OF GALVESTON, TEXAS
Void after 90 days

CHECK DATE 04/30/03 CHECK NUMBER 22005909

PAY One Thousand Ten and 50/100 Dollars
TO THE MERIDIAN ALLIANCE GROUP, L.L.C.
ORDER DEPT. NUMBER TX10008
OF P.O. BOX 4703
HOUSTON TX 77210-4703



FROST NATIONAL BANK 30-9/1140
GALVESTON, TEXAS

CHECK AMOUNT
\$*****1,010.50
USD

NON NEGOTIABLE

NON NEGOTIABLE

COPYCOPYCOPYCOPYCOPYCOPYCOPYCOPYCOPYCOPYCOPY

CITY OF GALVESTON, TEXAS

823 ROSENBERG, P.O. BOX 779
GALVESTON, TX 77553-0779

MERIDIAN ALLIANCE GROUP, L.L.C.
DEPT. NUMBER TX10008
P.O. BOX 4703
HOUSTON TX 77210-4703

2307365 NSF ✓

CITY OF GALVESTON, TEXAS
FINANCE DEPARTMENT
GALVESTON, TEXAS 77550
DIRECT PAY REQUISITION

PH. (409) 797-3560

TO: Vendor code 110051
Meridian Allaince Group, LLC
Department Number TX 10008
P.O. Box 4703
Houston, TX 77210-4703

ADDRESS CORRESPONDENCE TO

25.00
600.00 + 17-3561
25.00 +
150.00 +
150.00 +
60.50 +

required
14-Apr-03

Payment terms:

Buyer Name:

Account code: 21250-170100-531004-419000 ✓

Item	Commodity Description:	Quantity	U/M	Unit Price	Extended
	Personnel				
	Josephine Ives Clerical 03/18/03	1		\$25.00	\$25.00
	Win Turner Assoc Eng/Geo 03/19/03	8		\$75.00	\$600.00
	Josephine Ives Clerical 03/24/03	1		\$25.00	\$25.00
	Win Turner Assoc Eng/Geo 03/25/03	2		\$75.00	\$150.00
	Win Turner Assoc Eng/Geo 03/26/03	2		\$75.00	\$150.00
	Total	14			\$950.00
	Subcontractor-Others				
	923336 Environmental Data Services, Inc.	1	1.1	\$55.00	\$60.50
	Total				\$60.50
	Invoice Total				\$1,010.50

DEPARTMENT HEAD A. Pritchard

BUDGET Debbie Pierce

ACCOUNTS PAYABLE CFR

ACCOUNTING AUDIT nm

PAID BY CHECK # 22005909

PAID
MAY 01 2003
CITY OF GALVESTON
ACCOUNTING DEPT

DATE 4/23/03
DATE 04-24-03
DATE 4-30-03
DATE 05/01/03

ENCUMBRANCE TOTAL

INVOICE TOTAL

✓ \$1,010.50



Invoice

Invoice Number:

15241 ✓

Invoice Date: 4/4/03

Payment Terms: Net 30

Meridian Alliance Group, LLC

RECEIVED

APR 07 2003

CITY MANAGER'S OFFICE

To: City of Galveston
P O Box 779
Galveston, TX 77553
Attention: Steve LeBlanc

Project #: 09C000117

Phase:

Address: Brownsfields Supplemental Program

Client ID# 15418

Professional Services Period: 2/6/2003 to 3/26/2003

Personnel

Date	Name	Description	Rate	Hours	Charge
3/18/03	Josephine Ives	Clerical	25.00	1.00	\$25.00
3/19/03	Win Turner	Associate Eng/Geo	75.00	8.00	\$600.00
3/24/03	Josephine Ives	Clerical	25.00	1.00	\$25.00
3/25/03	Win Turner	Associate Eng/Geo	75.00	2.00	\$150.00
3/26/03	Win Turner	Associate Eng/Geo	75.00	2.00	\$150.00
Total Personnel:				14.00	\$950.00

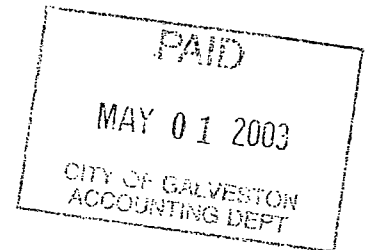
Subcontractor-Others

Date			Units	Multiplier	Rate	Charge
02/06/03	923336	Environmental Data Resources, Inc.	1.00	1.10	55.00	\$60.50
Total Subcontractor-Others						\$60.50

Invoice Total:

\$1,010.50 ✓

Remit To: Meridian Alliance Group, L.L.C.
✓ Department Number TX10008
P.O. Box 4703
Houston, TX 77210-4703



Invoice #: 15241

Page 1 of 1

3233 W. 11th St., Suite 400 • Houston, TX 77008 • (713) 861-0081 • FAX (713) 868-3208 • meridianalliance.com

Houston, TX

Arlington, TX

Tyler, TX

Midland, TX

Texas City, TX

Eau Claire, WI

Mexico City, Mexico

City of Galveston, Texas
Brownfields Site Assessment Pilot Project (BSAPP)

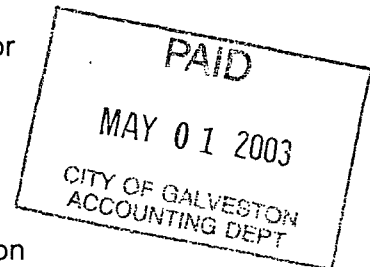
Quarterly Project Progress Report
Second Fiscal Quarter 2003 (January 1, 2003 through March 31, 2003)

Submitted to Ms. Camisha Scott, U.S. EPA Region 6 Brownfields Project Officer

Ref. Nos: U.S. EPA Assistance ID No. BP986187-01-2
BSAPP Doc. No. BSAPP-003-03

Prepared By: J. W. (Win) Turner, P.E., BSAPP Project Coordinator
Meridian Alliance Group, LLC

Distribution: Paula Ozmy, BSAPP Project Director
Office of the City Manager, City of Galveston
Steve LeBlanc, City Manager, City of Galveston
Brandon Wade, Asst. City Manager, City of Galveston
Ronnie Schultz, BSAP QA/QC Officer
Pollution Control Director, Galveston County Health District
Dwayne Ford, Brownfields Project Manager
U.S. EPA Region 6 Superfund Program
Preston Smith, BSAPP Project Accountant
Finance Department, City of Galveston



1.0 Background

The City of Galveston's Brownfields Site Assessment Pilot Project grant was officially awarded on September 30, 1998. All remaining project work was completed in the 1st quarter of FY2000. All project objectives under the original funding were met. We applied to EPA for the second time for supplemental funding in January 2001. We were successful, and the project has been re-initiated with the new objectives as outlined in the supplemental proposal. The supplemental funding selection was made in March 2001, and awarded in July 2001. This document presents the seventeenth official quarterly report since the initial grant award, and covers the 2nd fiscal quarter of 2003 (January 1, 2003 through March 31, 2003).

2.0 Activities This Quarter

During this quarter, MAG completed the Phase 1 Environmental Site Assessment (ESA) for the 61st and Broadway properties. The City owns the 61st and Broadway properties and it consist of 17 contiguous acres of Brownfields properties (former salvage yard, recycle center, impound lot, fill disposal area, some wetlands, and a former municipal incinerator/landfill). This property is right across the street from the new Home Depot and Target retail shopping center, and would be perfect for expanding retail/commercial development in the immediate area. The Home Depot developers had also expressed interest in acquiring the adjacent City properties, but then backed off due to environmental concerns. The City will focus the remaining Brownfields effort (excluding

City of Galveston
Brownfields Site Assessment Pilot Project
Quarterly Budget Report: 2nd QTR FY2003 (01/03 - 03/03) - Base Project

Task Breakdown	PROJECT BUDGET	This Period 2ndQTR2003	Previous Total	Cummulative To Date	Remaining Budget
Task 1: Planning, Project Management & Coordination, Travel, Other					
Prime Contract	\$ 30,000.00	\$ 1,950.00	\$ 10,410.00	\$ 12,360.00	\$ 17,640.00
Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
Materials/Supplies	\$ 1,000.00	\$ 60.50	\$ 17.68	\$ 78.18	\$ 921.82
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 2,000.00	\$ -	\$ 1,215.39	\$ 1,215.39	\$ 784.61
Other	\$ 1,000.00	\$ -	\$ 390.48	\$ 390.48	\$ 609.52
Task Total	\$ 34,000.00	\$ 2,010.50	\$ 12,033.55	\$ 14,044.05	\$ 19,955.95

Task 2: Identification/Selection of Sites & Data Base Development					
Prime Contract	\$ 5,000.00	\$ -	\$ 1,070.00	\$ 1,070.00	\$ 3,930.00
Subcontracts	\$ -	\$ -	\$ -	\$ -	\$ -
Materials/Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Task Total	\$ 5,000.00	\$ -	\$ 1,070.00	\$ 1,070.00	\$ 3,930.00

Task 3: Community Involvement					
Prime Contract	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00
Subcontracts	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00
Materials/Supplies	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00
Task Total	\$ 12,000.00	\$ -	\$ -	\$ -	\$ 12,000.00

Tasks 4 & 5: Phase I & II Environmental Site Assessments					
Prime Contract	\$ 35,000.00	\$ 2,672.50	\$ 6,745.00	\$ 9,417.50	\$ 25,582.50
Subcontracts	\$ 35,000.00	\$ -	\$ 704.00	\$ 704.00	\$ 34,296.00
Materials/Supplies	\$ -	\$ -	\$ 7.70	\$ 7.70	\$ (7.70)
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ 92.13	\$ 92.13	\$ (92.13)
Other	\$ -	\$ -	\$ 185.65	\$ 185.65	\$ (185.65)
Task Total	\$ 70,000.00	\$ 2,672.50	\$ 7,734.48	\$ 10,406.98	\$ 59,593.02

Task 6: Redevelopment Planning					
Prime Contract	\$ 15,000.00	\$ -	\$ 3,943.75	\$ 3,943.75	\$ 11,056.25
Subcontracts	\$ 12,000.00	\$ -	\$ -	\$ -	\$ 12,000.00
Materials/Supplies	\$ 2,000.00	\$ -	\$ -	\$ -	\$ 2,000.00
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Task Total	\$ 29,000.00	\$ -	\$ 3,943.75	\$ 3,943.75	\$ 25,056.25

PROJECT TOTAL	\$ 150,000.00	\$ 4,683.00	\$ 24,781.78	\$ 29,464.78	\$ 120,535.22
----------------------	----------------------	--------------------	---------------------	---------------------	----------------------

**City of Galveston, Texas
Brownfields Site Assessment Pilot Project
Key Indicators of Performance**

Pilot Name: Galveston, Texas
Estimated Brownfields (AP1): 35

Potential Brownfields	Targeted Brownfields	Pilot Assessments Started	Pilot Assessments Complete	Non-Pilot Assessments Complete	Clean Sites	Cleanups Started	Cleanups Complete	Redevelopment Started	Cleanup Construction Jobs Leveraged	Non-Pilot Cleanup Dollars Leveraged	Redevelopment Jobs Leveraged	Non-Pilot Dollars Leveraged Constr./Redev.
AP2	AP3	AP4	AP5	AP6	AP7	AP8	AP9	AP10	AP11	AP12	AP13	AP14
61st St. Properties	Y	Sep-02	Mar-03 Phase I		N							
57th & Stewart Road	Eliminated	Feb-99	Jun-99		N	N/A	N/A	N/A	N/A	N/A	N/A	N/A
600 51st. St.	Y	Feb-99	Sep-99	Dec-99	N	N						
East End Flats	Y	Aug-99	Jan-00		Y	N						
Old Central/Carver Park	Area Study	Aug-99	Dec-00		Y							
37th & Harborside	Y	Aug-99	Dec-00									
73rd & N1/2	Y	Mar-00	Mar-00		Y			Y	N/A	N/A	25 (Constr.)	\$1,500,000
3224 Broadway (Rear)	Y	Jul-01	Jul-01									
Maco Stewart Camp Site	Y	On Hold										
Teledyne Pipe Plant	N**	Aug-99	Dec-00									
1802 Mechanic	N											
514 21st Street	N**	Aug-99	Dec-00									
527 21st Street	N**	Aug-99	Dec-00									
202 25th Street	N**	Aug-99	Dec-00									
2610 Mechanic	N**	Aug-99	Dec-00									
318 27th Street	N**	Aug-99	Dec-00									
2627 Market	N**	Aug-99	Dec-00									
2701 Market	N**	Aug-99	Dec-00									
2728 Post Office	N**	Aug-99	Dec-00									
1201 Harborside	N											
1202 Postoffice	N											
1528 Mechanic	N**	Aug-99	Dec-00									
707 23rd Street	N**	Aug-99	Dec-00									
2327 Winnie	N**	Aug-99	Dec-00									
1119 23rd Street	N**	Aug-99	Dec-00									
910 23rd Street	N**	Aug-99	Dec-00									
2928 Broadway	N**	Aug-99	Dec-00									
3102 Avenue L	N**	Aug-99	Dec-00									
57th & Broadway	N											
425 59th Street	N											
3 Lennox	N											
6102 Broadway	N											
2417 57th Street	N											
5701 Avenue S	N											
302 25th Street	N**	Aug-99	Dec-00									
814 22nd Street	N**	Aug-99	Dec-00									
2728 Ball	N**	Aug-99	Dec-00									
TOTALS	6	5	2	1								

** Included as part of the Old Central/Carver Park Area Study